

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15013

State File No.

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
132 W. Culton St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether)
In this community 76-5-18
years, months or days yes, no days.

3. (a) PRINT FULL NAME Katherine Sivils

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard H. Sivils 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Nov. 1 1867
(Month) (Day) (Year)

8. AGE: Years Months Days, If less than one day
76 5 18 hr. min.

9. Birthplace Knobnoster Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER { 12. Name Patrick Quinn
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Cloven
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Sivils
(b) Address Warrensburg, Mo.
17. (a) Burial (b) Date thereof 4-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) April 23, 1944 (b) Lola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 132 W. Culton St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1944 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from Oct 6, 1943, to April 19, 1944.
that I last saw him alive on April 19, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1 yr
Duration

Due to
Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of plane)
While at work? (c) Means of injury
23. Signature Ch. Phum M.D. (M. D. or other)
Address Warrensburg, Mo. Date signed 4-20-44

DEC 27 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Earl Priest*

Licensed Embalmer No.....3878.....

P. O. Address.....Warrensburg, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.